

## MOTOR FUEL VENDOR APPLICATION

### General Instructions

- Follow the Checklist to ensure that your application packet is complete.
- Complete the checklist and application, and mail both to the address above.

**Who Must Be Licensed?** – You must submit this application if you meet the requirements under Arizona Motor Fuels Tax law, ARS Title 28, Chapter 16, Articles 1 and 6. To complete this application accurately, it is important to know the definitions and requirements of the vendor license. You **must** be licensed before engaging in business in Arizona.

The following use fuel vendor license types are issued:

**Retail Vendor** – The owner of use fuel that is contained in bulk storage who permits the fuel to be delivered into the fuel tank of a motor vehicle for which the person is not the owner or lessee

**Cardlock Vendor** – A use fuel vendor that meets **all** these requirements:

1. Is licensed in this state
2. Sells only to preapproved purchasers of use fuel who have been issued cards, keys or other controlled access to identify the exclusive withdrawal of that particular purchaser
3. Does not have a representative on the premises to observe the withdrawal of use fuel from the vendor's storage
4. Measures volumes of fuel dispensed by pump meters or other accurate recording devices

**Mobile Fueling Vendor** – The practice of delivering motor fuels directly from a mobile vehicle (tank truck, tank wagon or other portable tank) into a vehicle fuel tank for other than the dispenser's own consumption. Mobile fueling may also be known by other similar terms such as "mobile fleet fueling," "on-site fueling" and "wet-hosing."

If you have any questions about this application, please contact Fuel Tax Licensing at [ADOTFTLU@azdot.gov](mailto:ADOTFTLU@azdot.gov) or 602-712-8853.

### New Vendor/Branch Checklist

The following are the forms and documentation required to apply for a motor fuel vendor license. Missing items will prevent your application from being processed. (All forms are available on the Motor Vehicle Division website at [www.azdot.gov](http://www.azdot.gov))

- This application must be complete and properly signed; must be typed or written legibly in ink.
- Application fees enclosed (\$10.00 – this includes \$5.00 for the vendor license and \$5.00 for the vendor branch license). This is for a single site or location. An additional \$5.00 is required for each additional vendor branch license.
- This checklist enclosed
- For sole proprietorship and general partner, enclose one:
  - Authorized Presence Documentation, 96-0560
  - Authorized Presence Exemption Request, 96-0566
- Arizona Corporation Commission Certificate of Good Standing enclosed (corporation, LLC or LLLC only)
- IRS 147C letter, W-9 or other tax document from IRS to verify your EIN
- Use fuel sales receipts for all use fuel pumps
- Power of Attorney–Motor Fuel Tax, 96-0611 (required if someone is acting on the applicant's behalf, once licensed)
- All officers/members listed on the Arizona Corporation Commission website must appear in the All Applicants section of the application.
- Licensee or authorized officer who signs the application must be included in the All Applicants section of the application.

Must be signed by licensee or authorized officer of the business. No power of attorney or agent signature will be accepted.

### NOTICE

The following portions of A.R.S. § 41-1030 are provided for your reference:

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorized the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

**MOTOR FUEL VENDOR  
 APPLICATION**

**General Information**

Expected Start of Business Date		
Application Type <input type="checkbox"/> Applying as a new vendor (complete full application and submit applicable fees – i.e.: submit \$5 for each vendor application and also an additional \$5 for each and every vendor branch supplement) <input type="checkbox"/> Currently sell motor vehicle fuel (gasoline) and plan to reconfigure pumps to start selling diesel (use) fuel (complete full application and submit applicable fees – see example above) <input type="checkbox"/> Change federal employer identification number (EIN) (complete the full application and submit \$5 filing fee and also \$5 for each associated vendor branch supplement) <input type="checkbox"/> Change company name (complete only pages 2 and 6 of this application – no fee required) <input type="checkbox"/> Update company contact information (complete only pages 2 and 6 of this application – no fee required) Complete Motor Fuel Vendor Branch Supplement, form # 96-0609D for the following actions, instead of this form: <ul style="list-style-type: none"> <li>• Change/update pump configuration to receive decals</li> <li>• Add a retail or cardlock vendor branch</li> <li>• Add mobile fueling services to an existing license</li> </ul>		
Company Name – Must match legal name on record, e.g., for corporations, name registered with the Arizona Corporation Commission		
Registered Trade Names/DBA – Must match legal name on record with Arizona Secretary of State (attach list, if additional space needed)		
Sole Owner Name (first, middle, last, suffix) – if individually owned	Federal EIN (required) *	ADOT Account Number

\* Federal Employer Identification Numbers (EIN) assigned to your business by the Internal Revenue Service (IRS). You must have an EIN to apply for a vendor license. Attach IRS 147C Letter, W-9 or other tax document from the IRS to verify your EIN.

**Company Identification**

Business Domicile <input type="checkbox"/> Arizona <input type="checkbox"/> Other (specify jurisdiction):	
Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP      Government: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Sole Owner <input type="checkbox"/> Other (specify):	

If an Arizona corporation, LLC or LLLC, attach a current Arizona Certificate of Good Standing and provide the following.

Arizona Filing/Charter Number	Arizona Filing/Charter Date
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Yes  No    If a corporation, has it been involved in a merger in the last four years? (If Yes, attach detailed explanation.)

**Business Location Information**

Street Address (physical address of company headquarters; no PO box)	City	State	Zip
County	Business Phone Number (    )		
Mailing Address (if different from Street Address)	City	State	Zip
Refund Mailing Address (where you wish to receive refunds from ADOT)	City	State	Zip
Address Where Records For This License Will Be Maintained and Stored	City	State	Zip
Contact Person Name (for application/licensing)	Title		
Contact E-mail Address (required)	Contact Phone (    )	Fax (    )	

**Previous Owner Information** (If you purchased an existing vendor branch, provide the following information.)

Previous Owner Legal Name		Previous Owner Trade Name (DBA)			
Purchase Date	ADOT Account Number	Federal EIN	Assets Purchased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number (    )	
Street Address			City	State	Zip

**All Applicants:** Sole Owner; Partner; Officer (President, Vice President, Secretary, etc.), Director and Member (If more than three applicants, attach additional document with required information as listed.)

Applicant Name (first, middle, last, suffix)		Title		Applicant Social Security Number *	
Home Address			City	State	Zip
Home Phone (    )	Position Held <input type="checkbox"/> Sole Owner * <input type="checkbox"/> Partner * <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Member				
Spouse Name (if none, write None) *			Spouse Social Security Number *		

Applicant Name (first, middle, last, suffix)		Title		Applicant Social Security Number *	
Home Address			City	State	Zip
Home Phone (    )	Position Held <input type="checkbox"/> Sole Owner * <input type="checkbox"/> Partner * <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Member				
Spouse Name (if none, write None) *			Spouse Social Security Number *		

Applicant Name (first, middle, last, suffix)		Title		Applicant Social Security Number *	
Home Address			City	State	Zip
Home Phone (    )	Position Held <input type="checkbox"/> Sole Owner * <input type="checkbox"/> Partner * <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Member				
Spouse Name (if none, write None) *			Spouse Social Security Number *		

\* If company is individually owned or a partnership, the sole owner or all partners are required to provide spouse information, and are required by ARS 44-1373 to provide the Social Security Number. (It will be used to verify identity and to comply with taxpayer enforcement laws.)

### Licensing Questions

Carefully read all questions. Answers will be used to determine your license type and eligibility.

- Yes  No 1. Will you transport for sale, tax paid motor vehicle fuel from one county in this state to another county in this state?
- Yes  No 2. Will you operate retail locations that dispense diesel (use fuel) directly into vehicle fuel tanks?
- Yes  No 3. Will you operate a bulk storage facility that dispenses diesel (use fuel) into the fuel tanks of vehicles for other than your own use?
- Yes  No 4. Will you provide mobile delivery and dispensing of diesel (use fuel) into the fuel tanks of vehicles for other than your own use?
- Yes  No 5. Do you currently hold a use fuel vendor license (for sale of diesel)?
- Yes  No 6. If you responded Yes to question 5, are these vendor licenses under the same federal EIN as indicated on this application?
- Yes  No 7. If you responded No to questions 5 and 6, do you plan to apply for a use fuel vendor license under the same federal EIN as listed on this application (for sale of diesel)?
- Yes  No 8. Will you own use fuel that is contained in bulk storage and permit the fuel to be delivered into the fuel tank of a motor vehicle that you do not own or lease?

- Yes  No 9. Do you sell use fuel only to pre-approved purchasers who have been issued cards, keys or other controlled access to identify the exclusive withdrawal by that particular purchaser?
- Yes  No 10. Does your location have a representative to observe the withdrawal of use fuel?
- Yes  No 11. Does your location measure volumes of fuel dispensed by pump meters or other accurate recording devices?
- Yes  No 12. Will you fuel motor vehicle tanks for your own consumption?
- Yes  No 13. Will you fuel motor vehicle tanks for other than your own consumption?
- Yes  No 14. Will both use class and light class vehicles be fueled from the same pump? If Yes, attach an explanation of how the correct tax rate is determined and how the sales are recorded.
- Yes  No 15. Does your location maintain bulk storage on site?
- Yes  No 16. Do you own and operate the branch locations(s) that will be associated the license (application)?
- Yes  No 17. If No to the above question, do you lease and operate the facility from another party?
- Yes  No 18. Do you control and operate the complete fuel operation of the facility?

## Vendor Branches

I am applying for (please select one):

**Retail Vendor Branch License**

Expected Start of Business Date		Location Is <input type="checkbox"/> New <input type="checkbox"/> Existing		Branch Phone Number (     )	
Branch Name			Branch Number (if available)		ADEQ Exemption # (if applicable)
Branch Location Address		City		State	Zip
County					
Number of Dispensers At This Location					
Gas _____ Diesel (18¢) _____ Diesel (26¢) _____ Dyed Diesel _____ Biodiesel _____ Racing _____ Aviation _____					
List Each Identifying Dispenser Number (example: Pump #1, Pump #2)					
Gas _____		Diesel (18¢) _____			
Diesel (26¢) _____		Dyed Diesel _____			
Biodiesel _____		Racing _____			
Aviation _____					
Labels Requested @ 18¢/gal		Labels Requested @ 26¢/gal			

**Cardlock Vendor Branch License**

Expected Start of Business Date		Location Is <input type="checkbox"/> New <input type="checkbox"/> Existing		Branch Phone Number (     )	
Branch Name			Branch Number (if available)		ADEQ Exemption # (if applicable)
Branch Location Address		City		State	Zip
County					
Number of Dispensers At This Location					
Gas _____ Diesel (18¢) _____ Diesel (26¢) _____ Dyed Diesel _____ Biodiesel _____ Racing _____ Aviation _____					
List Each Identifying Dispenser Number (example: Pump #1, Pump #2)					
Gas _____		Diesel (18¢) _____			
Diesel (26¢) _____		Dyed Diesel _____			
Biodiesel _____		Racing _____			
Aviation _____					
Labels Requested @ 18¢/gal		Labels Requested @ 26¢/gal		List the Cardlock Networks In Which You Participate	

**Mobile Fueling Vendor Branch License**

Expected Start of Business Date
Fueling From Counties (starting points) <input type="checkbox"/> Apache <input type="checkbox"/> Cochise <input type="checkbox"/> Coconino <input type="checkbox"/> Gila <input type="checkbox"/> Graham <input type="checkbox"/> Greenlee <input type="checkbox"/> La Paz <input type="checkbox"/> Maricopa <input type="checkbox"/> Mohave <input type="checkbox"/> Navajo <input type="checkbox"/> Pima <input type="checkbox"/> Pinal <input type="checkbox"/> Santa Cruz <input type="checkbox"/> Yavapai <input type="checkbox"/> Yuma <input type="checkbox"/> Imported from Another Jurisdiction
Fueling To Counties (destination points) <input type="checkbox"/> Apache <input type="checkbox"/> Cochise <input type="checkbox"/> Coconino <input type="checkbox"/> Gila <input type="checkbox"/> Graham <input type="checkbox"/> Greenlee <input type="checkbox"/> La Paz <input type="checkbox"/> Maricopa <input type="checkbox"/> Mohave <input type="checkbox"/> Navajo <input type="checkbox"/> Pima <input type="checkbox"/> Pinal <input type="checkbox"/> Santa Cruz <input type="checkbox"/> Yavapai <input type="checkbox"/> Yuma <input type="checkbox"/> Another Jurisdiction
Fuel Types To Be Delivered <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Dyed Diesel <input type="checkbox"/> Biodiesel <input type="checkbox"/> Aviation <input type="checkbox"/> Racing

### Requirements

1. Copies of all the actual sales receipts/invoices the vendor will issue for each sale of taxable use fuel to their customers must be attached to this application to show compliance with ARS 28-5617. This includes pump and walk-in sales receipts/invoices. Receipts/invoices must include:
  - Date of purchase
  - Seller’s name and address (name refers to the name of the retail location from which the fuel is being sold)
  - Number of gallons purchased
  - Type of fuel purchased
  - Price per gallon of the fuel
  - Rate of the tax paid
2. Each pump must display a Use Fuel Tax Rate label issued by ADOT which notifies the purchaser of the use fuel tax rate for that pump.
3. If both use class and light class vehicles fuel at the same diesel dispenser (pump), 26¢ labels must be used.
4. All dyed diesel dispensers must be controlled/monitored to ensure only authorized users have access to the pumps.
5. A sales receipt shall be provided to the purchaser of the use fuel and a copy of the receipt is to be retained in the files for at least three years.
6. ADOT may refuse any vendor refund claim, if it is determined that the full rate of tax that is imposed on the use class motor vehicles was collected from qualified light class vehicles but not refunded to the purchaser.
7. Record keeping must be maintained to support vendor refund requests per ARS 28-5619 and Arizona Administrative Code R17-8-603(A).

## Signatures

- If sole owner, must be signed by the sole owner and spouse.
- If partnership or LLP, must be signed by all general partners.
- If corporation, LLC or LLLC, must be signed by one corporate officer.
- If government, must be signed by your agency director or designee.

I agree to the above requirements and certify that I am duly authorized to make the foregoing application and that the information contained in this application is true, accurate and complete, to the best of my knowledge. I agree that the place of business, if licensed, may be inspected during business hours, or at any time business is being conducted on the premises, by officials and agents of the Arizona Department of Transportation, for purposes of determining compliance with the Arizona Revised Statutes. I agree to comply with Arizona Revised Statutes in collecting the appropriate tax rate, vendor refund filing, and posting the appropriate signage to disclose the Arizona Use Fuel Tax Rate.

Supplier, restricted distributor, vendor or vendor branch business activities conducted in Arizona prior to the issuance of a license may be subject to penalties.

Application Date
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Attach documents with additional partners and signatures, if needed. Must be signed by licensee or authorized officer of the business. Power of attorney or agent signatures will be accepted for updates only.

Name and Title of Sole Owner, Partner or Officer	Sole Owner, Partner or Officer Signature
Name and Title Partner or Officer	Partner or Officer Signature
Name and Title Partner or Officer	Partner or Officer Signature

### ADOT Use Only

Date Reviewed	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	License Type	Date License Issued	Date License Mailed
ADOT Account Number		ADOT Vendor Branch Number		